

continue to do my part for the Federal funds for the Keys.

Welcome, Keys representatives, to Washington.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

WALL STREET JOURNAL AWARDS HCSS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. OLSON) is recognized for 5 minutes.

Mr. OLSON. Madam Speaker, I rise today to applaud HCSS, a small business in my district in Sugar Land, Texas. HCSS was recently honored by the Wall Street Journal as one of the top 15 small business workplaces in America. In this tough economy, the company that puts employees first is the one that stands out.

I recently met with Mike Rydin, the founder and CEO of HCSS, about the success of his company, and he said, "We try to provide an environment that attracts and retains top talent and helps keep employees happy. Hiring top talent that loves coming to work allows us to provide topnotch software and service to our customers."

HCSS was one of nearly 630 private, nonprofit, or publicly held organizations across the country that were nominated for this prestigious award. According to the Wall Street Journal, they select employers that foster teamwork, flexibility, high productivity, and innovation, while also helping their employees grow personally and professionally and providing benefits that improve lives and communities.

HCSS has taken a hands-on approach to wellness for their employees that should serve as a model for private-sector solutions to our Nation's health care problems.

□ 2015

HCSS recently opened a new Sugar Land headquarters, which includes a one-third-mile, crushed-granite jogging trail, an exercise room, a game room, a gym with a basketball court, and a putting green. The company also pays fitness and wellness trainers to counsel employees on nutrition and exercise, and it offers on-site yoga and Pilates classes.

Each year, all employees are eligible to receive \$100 for each good result in an annual health screening, such as good cholesterol levels, not smoking and moderate body mass index. HCSS recently contracted with a company that will provide employees doctor consultations over the Internet right there in the HCSS offices.

A focus on employee wellness should be part of the solution to our Nation's

health care debate. Small companies need a level playing field in cost and affordability for their employees. That is why Congress should provide the same tax incentives for small companies that large corporations enjoy. Targeted tax relief would allow more companies to follow the HCSS model for health care for their employees.

As a result of the wellness programs at work at HCSS, their company-paid annual health insurance premiums fell over \$600 per employee in 2008 from 2004—\$600 per employee over a 4-year period. The company credits this to its vast wellness program and to its introduction of a high-deductible health plan, coupled with health reimbursement accounts to which the company contributes \$1,000 to \$3,000 annually for employee and dependent out-of-pocket health care expenses.

These are important examples of how health care costs can be reduced without looking to massive government programs to achieve greater coverage and lower costs. This is only one component of the debate, to be sure, but it can address many of the problems small businesses face to provide affordable health care to their employees.

Mike Rydin has future plans to build a school to train low-income people new skills so they can become more integrated parts of the communities in which they work and live.

HCSS has the kind of innovative and entrepreneurial vision to provide wellness and a comprehensive work environment that America has always relied on to find solutions to our bigger problems. I am proud of HCSS for their recognition as a top small workplace in America. This is the first Houston area company and only the second in the great State of Texas that has been recognized with this award.

Washington would do well to look at how small businesses like HCSS are achieving the results that we seek. Oftentimes, the great ideas come from the small innovators.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. INGLIS) is recognized for 5 minutes.

(Mr. INGLIS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. SOUDER) is recognized for 5 minutes.

(Mr. SOUDER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Maine (Ms. PINGREE) is recognized for 60 minutes as the designee of the majority leader.

Ms. PINGREE of Maine. Thank you very much, Madam Speaker. I am pleased to be here on the floor tonight with a gathering of my freshman colleagues. We thought we would spend our hour talking about the very important issue of health care.

As everyone knows and as everyone sees in the newspapers pretty much every day, that is the topic on the mind of Congress and, certainly, on the mind of America. I know, for me, it's the issue I hear most about back in my district when I'm having a town hall meeting or am meeting with constituency groups—doctors, nurses, practitioners of any kind—to talk about their concerns about health care. It's the number one thing people bring up to me.

Certainly today, being from the State of Maine, the Finance Committee in the Senate—which isn't the House, but it's also going to eventually coordinate it with us—was voting out their bill. My colleague from Maine, Senator OLYMPIA SNOWE, voted in favor of the health care bill, making herself the first Republican to vote affirmatively on some of the proposals that we have before us. While she and I may differ on some of the policy issues, we all represent the State of Maine, and she spoke today about the great urgency of passing a piece of health care legislation. That is certainly of great concern to us, so I am glad we have an hour to talk a little bit about it.

There is such a range of issues to talk about. I know I want to mention a little bit about some of the concerns about insurance companies and the importance, at least for me, of voting for a plan that has a very robust public option. Before I turn it over to one of my colleagues, I just want to tell a couple of quick stories about the issues that we have been facing in the State of Maine.

Like a lot of States, we have a very small number of insurance companies. Many States find that 70, 80, sometimes more than 90 percent of their market is all taken up by one insurance company. I'm sure Representative TONKO from New York has some stories to talk about this as well and just about the issues that we have about why we need more competition in the market.

Interestingly, in Maine, our Attorney General has just entered into a very fascinating case with Anthem Insurance Company. Anthem is one of the few companies that does business in the State of Maine, and they recently asked for a rate increase. I think they asked for 18 percent. The State granted them 11 percent. They turned right around and sued the State of Maine, and said, You know, if you're not going to give us what we need, we're going to have to sue you on this. I'm just looking here through my papers.

I have some interesting information about just how much profit this particular company is making, and I will come across it in a minute here.

What really struck me as profound is that many of my constituents' stories—as I mentioned, I run into constituents in the grocery store, everywhere I go, and certainly people have been contacting our office about the challenges of health care reform. Many of our constituents' stories are about the dealings that they have with their insurance companies. As somebody said to me recently, you know, insurance is great until you need it, and then 9 times out of 10, you find out that your company isn't there when you need it. Now I want to tell a couple of stories about what I've heard from my constituents.

Representative TONKO, perhaps you'll want to weigh in on this conversation. Then we can go back and forth a little bit about what we're hearing.

Mr. TONKO. Absolutely.

Thank you, Representative PINGREE, for leading us in this hour of discussion because there have been many elements of fear that have been introduced into the dialogue, into the discussion—into the debate, if you will—that have been intending to, perhaps, mislead and misinform, and that is not what America needs right now.

America needs a thoughtful, very meaningful discussion on health care—how to provide for certainty for our business community with predictability in their insurance costs—because I do believe most employers want to cover their employees with a sound, basic health care plan. So we also need stability and security.

I think I would share with you the sentiments that we need insurance reform to address the concerns of America—and not just for the uninsured and underinsured. This discussion is as much about those of us who have insurance in hand. The stability and the security of that plan is at risk, so we need to go forward so there is no discrimination for preexisting conditions.

I have heard, and I am certain you have and our colleagues have heard in the freshman class and beyond in the greater audience of this Chamber. We have heard from constituents about the horror stories of premium increases over a short span of 2 years. I'm thinking of a story where there was a 37 percent increase over 2 years, which was the situation for a couple, a married couple, where the wife of that couple had been impacted by a catastrophic illness. They were left then, Representative PINGREE, with \$18,000 worth of medical bills. It is a growing dynamic of bankruptcy for our American families. Health care costs are driving families to the edge with bankruptcy.

We are also in need of reform that will make certain that there is no dropping your coverage simply because you become ill. That has been a game that has been played on our health care consumers in this country. It needs to stop. Our conference, our House, wants to make certain that those are some of the conditions that are brought about in the insurance reform.

The refusal to renew coverage if you become ill is another obstacle in the way of providing universal health care coverage.

Obviously, a big dynamic is changing jobs, perhaps starting up a small business on one's own. Oftentimes, they are not allowed to happen out there simply because of the concern for the portability of insurance coverage. Many are losing their jobs, and so 14,000 per day, if not more, are losing health care insurance because of the loss of a job. The list goes on and on. Making certain that there are no co-pays for prevention and wellness programs, these are concepts that are sound insurance reforms that can strengthen the system.

Those who want to provide this message of doom and gloom and who want to use fear tactics are only taking us off track of what ought to be a very focused discussion on what needs to happen, because most world-leading nations offer a tremendous health care policy, and this country is in need of that reform. We have been talking about it for decades. Now is the time for action.

Ms. PINGREE of Maine. Will the gentleman yield?

I just want to weigh in with a couple of thoughts about that. You're going through the litany of why we think it's so important to reform the insurance market, and so many of the things that you talk about are, again, the very things that I hear about from people. The issue I heard someone say the other day was "job loss." Job lock. You know, people will say to me, I am ready to start my own business, but I don't dare leave my job because I can't go without the safety net, and I certainly couldn't afford to pay for these health care costs at this moment in time.

I want to read you a little bit that I heard from a constituent recently, someone from York County, which is the southern part of my district, who told the story that very much echoes what you were just talking about.

He was self-employed. He had a business he'd been doing for 10 years. His wife worked for a small nonprofit, and the nonprofit wasn't able to afford her health care coverage, so they did what a lot of people do, I find. They went to Anthem, which is the insurance company that we've been talking a lot about in my State, and their family of three—they have a 2-year-old daughter now—got an insurance policy that cost them \$400 a month, but it also had a \$15,000 deductible.

Now, I hear about so many people who have this \$15,000 in their deductible. It's really just kind of insurance for keeping your home. As you mentioned, it will keep you from going to bankruptcy court.

So their \$15,000 deductible actually amounted to a \$30,000 deductible for their family. Basically, they just hoped that nothing would ever happen, because they didn't have the cash to pay

the \$15,000 or \$30,000 in medical bills that they'd have to pay to get up to their deductible.

He told a story about how, when his daughter was born—their newborn baby—there were some complications, so they thought, well, at least we've got this insurance because, as we know, infant bills in the hospital can go very high if you have to be in the neonatal unit or anything else. Well, it turned out that his wife and daughter both had some medical issues, and they had gotten a specific rider when they'd gotten the health care plan, but it turned out that it only covered their daughter and not his wife. By the time they brought their baby home, they were \$15,000 in the hole because of issues that had come up with his wife during childbirth, so they had to take money out of their 401(k), and they had to borrow money on their credit card. They are just hoping that nothing else happens because they'd have to still pay another \$15,000 in their deductible.

Well, that's a great example of people who think they have health care coverage. They thought they got a special rider to make sure that pregnancy, childbirth—everything—was covered. It turned out it really wasn't there when they needed it. I don't know about you, but I hear about so many different people who go to look at their insurance policies and realize that there are all kinds of hidden issues or their insurance companies just say, "Sorry. We don't cover you." That's just something we have to stop.

Mr. TONKO. Absolutely, there is a confusion that exists out there, even with a lack of standardized forms, which is another tool that's used. So there is this confusion.

There is this, I believe, deliberate attempt to make certain that there is a winner in this equation, and it certainly isn't the health care consumer. So many have been concerned about government standing between the patient and the doctor when, in fact, what we have today is the insurance company standing between patient and doctor, where they are limiting. That's why we're asking for reforms here which do not allow for cost caps on what insurance companies are required to cover. We don't want them to be stingy when it comes to providing the health care, especially in prevention and wellness modes, which are so very absolutely essential.

There are out-of-pocket expenses. You talked, Representative PINGREE, about the deductibles that this family in Maine had to absorb. We don't want that unlimited in nature. We want caps on what is required of our families out there—our working families across America—and we certainly want to make certain that the co-pays, especially in catastrophic situations, are capped for individuals and families. This is a great bit of service that we can provide.

These whole trite sayings that we're bringing in a Halloween response and

all of these individual statements that don't really get to the heart of the matter are disheartening. It's discouraging that there isn't that academic exchange here.

Where is the counteroffer in this House? We have had plans out there for months. We've been talking about things, bringing them to hearing, having forums across the country. There is no alternative that's being offered. Maybe we heard things about status quo and leaving it as it is. Well, we even offer a capitalist model. We offer competition in an exchange that's developed in our bill to make certain that there is the hardness of a robust, competitive model that is, I think, "all American" in its keeping.

□ 2030

Ms. PINGREE of Maine. Absolutely. That is why we are here tonight really to be able to engage in this robust public debate.

Mr. TONKO. To dispel some of the myths and to cast aside the misinformation. The American public deserves better than that.

Ms. PINGREE of Maine. Absolutely. I think first and foremost to be talking about the real issues.

We are also joined tonight by another freshman colleague, Representative JARED POLIS from Boulder, Colorado.

Mr. POLIS. I thank my colleagues from Maine and New York. I was listening to your discussion, and it struck me how many of us, yourselves included, other Members, not only of the newly elected freshman class—but other Members of Congress—had town halls, listened to our constituents. We, in fact, heard some good ideas from folks back home, and I think we are working to incorporate those into the newer versions of the bill.

One that a number of folks brought up in my meetings, and I know I wasn't alone, is why don't we encourage some interstate competition. I know that there are certain concerns that some of my colleagues have addressed about that with regards to how that might affect certain States, but there are ways that we can encourage, not create one level of Federal standards, but encourage States to enter interstate compacts to reduce the barriers of entry and bring down insurance costs.

The other thing I was struck by, and this has also been alluded to, was the ill will on the other side. Rather than trying to get to "yes," it would seem like there are many in our country that are trying to stay at "no," trying to stay at a "no" that is too costly, both in lives and money for our Nation to endure. There is plenty of room, as demonstrated, as again my colleague from Maine indicated, by her Senator today, in coming to the table, around common solutions that Republicans and Democrats can agree on. But it's critical that we approach this issue with the goal of getting to "yes."

Another thing, when I had people, just like other Members of Congress at

our town hall meetings—and many of them were so vociferously opposed to any reform, many of them were for any reform and some of them were in the middle. The one thing I tried to leave the people that were opposed to reform with was if you are going to oppose this set of health care reforms, fine, but please oppose it based on something that's in it versus something that's not in it. Because how frustrating is it to have to deal with mischaracterizations and, indeed, lies about the actual content of the bills that we are debating.

With regard to whether, in fact, there are Federal subsidies that go to our undocumented population. No, there aren't. There is not even room for discussion there. I, personally, would like us to do more for our undocumented population in this bill. We are not. We are going to deal with that through comprehensive immigration reform, which I am a strong supporter of, next year.

With regard to death panels, there are none in this bill. I have constituents contacting me. They have heard these things on right-wing Web sites. They have had people email them to them.

I had one contact me yesterday saying the government is going to send people to my home to look at my kids, because they had a complete misreading of some part of the bill that had to do with funding for State pilot projects for home visitation, for people who want home visitation to help them with their health issues. This is information out there that is really not a credit to this honest public discourse and debate, which my colleague from New York alluded to, which is critical to have to come to a solution with regards to reducing costs and improving health care outcomes.

I am optimistic. The signs out of the Senate today are that this is truly officially, not only in name, but, indeed a bipartisan effort, as it should be, something of this magnitude. We are taking our time, and we are doing it right. We are 4 or 5 months into a debate that will take another month or two to reach culmination. Again, there is no veracity in people saying this is being rushed through in any way, shape or form.

I told my, again, constituents in Colorado our United States Congress has spent more time on health care reform than our legislature of Colorado meets for an entire year. They meet for about 4½ months to consider every single issue that the State of Colorado faces. Our United States Congress, and many of us who come to Congress from a wide variety of disciplines, have had the time to become experts in health care.

That's something that we owe our constituents. I certainly know a lot more about health care than when I first got here. I had been expert in education, had run schools, been on a school board. I had started businesses,

knew a lot about the business side. As a consumer I knew about health care. I had been on the board of a nonprofit relating to health care in Colorado.

But to get down into the weeds and have this historic once-in-a-generation opportunity to make a real difference in the lives of Americans is what public service is all about. That's why I join you in being excited about this tremendous opportunity that's before us at this point.

Ms. PINGREE of Maine. I am pleased to see that we are joined by our colleague from Wisconsin, Representative and doctor, if I am correct, STEVE KAGEN.

Mr. KAGEN. Well, it's a great honor to join you here on the floor to talk about health care and about making progress, making progress where for nearly a century, since 1910 when Teddy Roosevelt first suggested the idea that we should have some kind of national solution for health care, we are finally taking up this conversation.

As Mr. POLIS mentioned, this is the most important conversation we are going to have this century. So we are taking our time. We are going to get it right. We are going to fix what's broken; we are going to improve on what we already have and make sure it's at a price we can all afford to pay. Where I come from, having practiced medicine for 33 years, I am always focused on the patient, much like we are all focused on our constituents. And you can imagine how I felt when my patients couldn't afford their prescription drugs.

Now, what good is it to be a doctor if you are writing a prescription that the patient can't handle financially? What's wrong with a system where we continue to allow the Wall Street corporations that run health care today to discriminate against people because of the way they are born or because of a preexisting medical illness?

I will submit to the jury, if you were a jury, this little piece of evidence: I won't mention the insurance company, blank has great news for people who buy their own health insurance. They have got something for you, all right.

But then on the inside, I am going to read it into the RECORD: "Important information about preexisting conditions. Although we make every effort to extend coverage to all applicants, not everyone will qualify. If you have had treatment for any of the following conditions, you may not qualify for the coverage being offered: AIDS/HIV, alcohol or drug dependence, cancer, chronic obstructive pulmonary disease (COPD), connective tissue disorder, Crohn's disease, diabetes, emphysema, heart attacks or stroke, hepatitis (chronic) or liver disease, inpatient emotional or mental illness, organ or tissue transplant, ulcerative colitis."

It goes on to say: "You should also be aware that we may not be able to provide coverage to individuals who are severely obese, severely underweight or who are undergoing or awaiting results

of diagnostic tests, treatments, surgeries, biopsies or lab work. We cannot offer coverage to expectant parents or children less than 2 months old."

And here the closing sentence: "This list is not all inclusive; other conditions may apply."

I am so proud to be working with the President who understands that this form of discrimination has got to come to an end. That is why in the House bill and every version we have seen, that is why in every Senate bill, there is the language that will bring an end to this form of discrimination.

What we are about to do is very historic. We are going to apply our civil rights that we fought so hard for in the 1960s to the health care industry. No longer will any kind of Wall Street corporation be allowed to discriminate against people, not because of the color of their skin, but because of the chemistry of their skin. Not because of what they are thinking, nor on the basis of how they think, the chemistry of their mind.

In my mind, bringing about no discrimination in the health insurance industry, in health care throughout this country will transform our economy, because it will begin to lower prices for everybody, making it possible for small business, the real economic engines of America, to employ people to be more profitable and to move our economy out of this economic ditch we find ourselves in. But there are three things that must be in this bill, number one is no discrimination against any citizen due to preexisting medical conditions. If you are a citizen, you have to be in the risk pool. You have to be in your neighborhood.

Secondly, there should be complete transparency of all prices in health care. Openly disclose all the prices at the hospital from the insurance coverage, openly disclose the prices at the doctor, the dentist, anything that's health care related, be it a product or a service. Show me the price. Please openly disclose your price and then accept from anybody at your store as payment in full the lowest price you charged and accepted as payment from anybody else. The lowest price should become everybody's price.

The third thing that we need—and hopefully it will be in this next version that we are going to see shortly we have to establish a standard health care plan—a standard plan such that Humana, United, CIGNA, Aetna, Blue Cross, WellPoint, whatever point, whatever insurance company are you are, when you are selling the same basic standard plan within a very large risk pool, you have to show me your price, and we will begin to have competition where insurance companies are going to compete to the lowest price and the highest quality.

We will finally be able to compare these corporations, apples to apples. That's the moment I think we will really see the benefits that we need. Improve the quality at a lower cost. No

discrimination, complete, complete openness in transparency and pricing and a standard plan.

I think we are making progress; I don't think we are there yet. I think we are going to make that progress and, in my limited experience as a Congressman, more so as a physician, this place doesn't work well when it happens very fast.

I am very pleased that we are taking our time to get it right. I look forward to finding Republicans, Independents, Democrats, and, yes, the Libertarian people that are here in this House to vote for a bill that moves us down the road.

Mrs. PINGREE of Maine. It's wonderful to have both your experience as a physician and also your experience in the House in moving forward on these issues. I know you have been working very hard.

I just want to mention that we are also joined here tonight by MARY JO KILROY from Ohio, who is another new member of the House. Being from Ohio, I know you must have a lot of constituents who are worried about economic issues and jobs and making sure that they have that all-important insurance coverage and are able to keep their jobs to have it.

Ms. KILROY. I appreciate this opportunity and thank you for your leadership in bringing us together tonight to talk about how health care issues affects our districts and what we are going to do about it. I have heard some of my colleagues, Representative POLIS, talk about people being concerned that we are rushing this through. I think we have been taking quite a bit of time, dedicating hours and hours of time in committee hearings, in caucus meetings, in markups, on this issue of health care.

In my case, in my own district, I have been holding health care meetings, round tables, discussion groups, getting input from my constituents since February. Every time I go back to the district, meeting with doctors, meeting with nurses, other kinds of health care professionals, talking to school nurses, talking to small business and holding the small business round table about what they are going through with respect to health care, and it's very clear to me that this is an issue that needs attention. It's a problem, but it's also a problem we can solve, we can solve working together.

I also, listening to Dr. KAGEN on the issue of preexisting condition, couldn't agree with him more. Many of the stories that I have heard at those various health care meetings and round tables involve people with preexisting conditions, and there is this misconception that young people don't get sick. It's only the older people who are the ones that really use health care. But I discovered at several of these round table meetings situations where young women, in this case, had received diagnoses of cancer. Because they were self-employed, because they were between

jobs, they found that they were excluded from the health care system.

As a mother, I can't think of anything more terrifying than to have your daughter come home telling you that and knowing that they didn't have health care and how were you going to make sure that she got the care that she needs. It's a story that I hear time and time again.

A small restaurant owner, whose wife has lupus and that the insurance companies have priced their small group out of his ability to pay. As a result he was losing one of his key employees to somebody else who could get health care for her.

□ 2045

Another small businessperson who had had a heart attack, this person is a little bit older than the young woman I talked about, but his small business was hurting. Because of that experience they have been rated so high that they are having a harder and harder time paying for health insurance for himself, his family and his employees. It is a critical issue in my community, and we can address this key issue of ending discrimination against people with preexisting conditions.

It is not just these stories, these experiences that people have told me about. I have also heard it from our Department of Insurance commissioner. She tells me that in the State of Ohio, she has got a single-spaced list, three columns, three pages long, of various conditions that the insurance companies have used to deny Ohioans coverage based on a preexisting condition. Some of them you have heard from, Dr. KAGEN, but some of them are also pretty absurd.

For example, acne was on that list. And today, if you saw some of the news on television, you saw a baby that looks like the stereotypical Gerber baby, in the 90th percentile on height and weight, excluded from health care because the insurance company decided that this baby, this perfectly healthy baby, had a preexisting condition. They determined that that baby was, quote-unquote, obese. The absurdities that the health care industry has used to exclude coverage from people who use it, who need it, is why we have health care.

This is a very personal issue. If I were to not work here in a situation where there was group coverage that I could buy and pay for on an exchange like we have here in Congress, whether I left this job voluntarily or involuntarily, I don't think I could go into the private market and buy an insurance policy for myself, because I have a preexisting condition called multiple sclerosis.

So there are so many people and many women, men also, who are excluded for this problem, and now we find out it is even babies. So we could fix this.

Mr. TONKO. Representative PINGREE, I can't help but wonder if that isn't the

most classic and bold example of cherry picking. When I listened to Representative KAGEN list that number of conditions, preexisting conditions, it excludes a great part of the populace out there. The time for these games is over.

We talk about so many of the people that might be impacted by these preexisting conditions, from toddlers, over to middle age, and yes, even to our seniors.

When I was in the State assembly in New York State for 25 years, for the longest time I represented the largest per capita senior population of any assembly district of the 150 in New York State, so I would hear routinely from seniors. I hear from those same seniors now in this congressional district, and there is concern. There is concern about where their future is going with health care reform.

Well, let me remind all of our seniors out there, this whole process here in the House is about providing stability to Medicare. That is an audience that is critically valuable to this country, people who worked through their lifetimes and now deserve—I think it is an American right—quality health care.

When people talk about fear tactics, telling people that your Medicare coverage is going to be weakened, let me remind everybody that the cuts in Medicare were up to 21 percent for next year for our medical community. This bill stops that. Our bill, our final package, will stop that sort of cut. Those payments to physicians would have put the doctor-patient relationship at risk. It would have reduced accessibility for our Nation's seniors. We will avoid that cut. We will provide stability by addressing the solvency of the trust fund for Medicare.

We will go forward and close that doughnut hole. No one, these critics about this process, about the proposals that we have put forth to the American public, the critics that are there now, especially in the political arena, where were they when we played games with the pharmaceutical industry and created a doughnut hole where coverage stopped automatically and then resumed later after we have again impacted financially our senior population?

You talk to seniors, many of them naturally are in need of medications, of pharmaceutical requirements. Why we would exhaust them financially for that basic core need of health care is beyond me. No one talked about that pricetag. No one talked about the billions of dollars we were going to cost the public and what we paid to the industries to do that.

So there is a chance here to turn that around and close that doughnut hole. I don't know what we are going to call it. A jelly donut? We fill it with good, you know, so that people can then have the kind of health care and the pharmaceutical needs will be addressed. That is a basic stability enhancement that is provided with this measure.

Avoiding the 21 percent cuts to physicians is an enhancement. Making certain that we provide these new models for efficiency; effective use of dollars; making certain that home models, medical home models, can be utilized, these are good concepts. And we want to go forward with the sounder Medicare situation, especially with the coming of the baby boomer generation. Everyone has talked about that. We need to make that part of our plan. It is part of our plan, where we provide stability and solvency for Medicare.

Ms. PINGREE of Maine. I want to give a few minutes to my colleague from Colorado, but in making this transition I just want to say when we stand around and talk about the possibilities when people share their individual stories like Representative KILROY has here, I get very excited thinking about the prospects here.

You mentioned it earlier. Sometimes we are bombarded from the other side and the talk show hosts and everyone else who just try to use scare tactics, build up fear in our constituents and seniors and others. But I get excited when I think about, wow, we could really reform the system. We could do something around access to health care that people have been talking about doing for decades, and this could be the Congress that really starts making those steps forward.

I think that is why we are all standing here tonight and working so hard on this, because we see the possibilities here of really changing people's lives and ending some of these ridiculous stories that we have been hearing.

Mr. POLIS. To build upon what Representative KILROY and Representative KAGEN said with regard to the critical nature of preventing discrimination based on preexisting conditions and exclusions based on preexisting conditions, it is important for those watching us today to know that that is in all four bills—sorry, all five bills. There are five health care bills; two in the Senate, both of which have cleared committee, and three in the House, all of which have cleared committee.

Every single bill, any of the health care reform proposals that is at all consistent with President Obama's principles and our principles here in the House as well as the other body would make that basic major change, that no longer would people be excluded based on preexisting conditions or would those conditions be excluded.

I applaud Representative KILROY for sharing her very powerful personal story. It is a personal story that is all too common. Later on tonight, in about an hour and a half, I will be sharing a couple-dozen personal stories from Colorado with members of the public with regard to the travails that many of my constituents have had with the health care system, many of which relate to discrimination based on preexisting conditions.

Representative KILROY also discussed briefly small business. One of the most

important things that we can do to make small business competitive in this country is to reform health care. The brunt of our health care system falls on small business. Frequently for the same coverage, they pay more than large businesses. If they have somebody in a small risk pool who has a problem or has a preexisting condition, they might be paying three or four times as much even for their healthy employees because of their small risk pool.

We are joined today in the House gallery by a small businessman from my congressional district. Mr. Wayland Lewis, who is with us here today, runs a small online publishing company. What a difference affordable health care would make to him and the countless small business people like him across the country that are the backbone of the American free enterprise system, for them to have access to exchanges, the same way we here in Congress do, the same way that big multinational corporations do, one large risk pool, no discrimination based on the preexisting conditions in a small risk pool, and also some tax credits, by the way, for providing health care for their employees. What a difference that would make and what a job-creation engine in this time of recession, to have that vote of confidence in our small businesses and allow them to do what they know is right.

When I talk to small business people in my district that don't provide insurance, it is not because they don't want to. It is not because they don't feel they could be more competitive in attracting employees if they did. It is because they simply can't afford to under the status quo. That is one of the major tenets of this reform: Making America healthier, costing less, and, yes, providing the same kinds of advantages for small and medium-sized businesses that big multinational corporations have had all along, and being able to offer health care and security for the families that work for them.

Ms. PINGREE of Maine. Thank you for your thoughts.

We are lucky to be joined freshly off the podium by our colleague from Pennsylvania, Representative DAHLKEMPER, who I know has been working very hard on this issue in a variety of ways.

Mrs. DAHLKEMPER. Thank you, Representative PINGREE, for allowing me to join you and my other colleagues here tonight as a fellow freshman. This is certainly an historic time for us to be new Members of Congress, as I think we are working on probably the most important piece of legislation that we will probably ever take up within our time here in Congress, something that touches every American, something that touches every one of the constituents in our districts.

I, like so many of you, spent my entire August going out and talking to my constituents. We, as the freshmen, were actually a pretty strong group

that slowed down the vote on this bill. So when people say that we are rushing this legislation, I say, no, we actually slowed it down quite significantly. But I think that was great, because it gave us time to read the bill, really understand the bill, and, as Representative POLIS said, learn more about health care. We all have learned a lot over these number of months as we have been here together day after day talking about health care.

When I talk about health care reform, when I am out in my district, I talk about the fact that it is really a human story, and we all have our stories. One of the most poignant for me was a gentleman who came up to me, actually as I was on one of my congressional bike-and-hikes, because I like to really talk a lot about wellness and prevention, so I am trying to promote that by promoting the great resources in my region, bike paths and hiking areas. So we do these bike-and-hikes.

He came up to me on his bike and said that health care was his number one issue. I asked him to explain to me, and he told me about the great health care insurance he had with his company. He worked for a very large corporation. But his daughter, when she was 20 and she was in college, she was diagnosed with acute myeloid leukemia.

The treatment for that is very harsh. You end up being put into intensive care, and it really debilitates you as you go through this series of chemotherapy treatments. She had to drop out of college. And guess what happened as soon as she dropped out of college? She was removed from their insurance.

So this is the kind of thing that we see over and over again. That is just one of many, many stories that I have heard, and I know all of you have heard.

Today actually it was announced we are putting a provision in this health care reform where young people through 26 years, up to their 27th birthday, will be able to stay on their parents' health care coverage if they don't have another opportunity, if they don't work for a company that offers coverage. As we know, many young people in those early years, whether they are going to school, when they get out of school, don't get that first job that offers coverage, or can't find a job right now, as we know many of them can't, or maybe have other things that they want to pursue. It allows them to stay on their parents' coverage up to their 27th birthday. I think that is a great piece.

When I was done with the press conference about this, one of the cameramen who had been there told me that was the best thing he had heard in all the years he had been covering the news here at the Capitol, because he has a son who works for a very large corporation, 19 years old, done with school, who did not have health care coverage. He was walking across the

street and got hit by a bus, and just the cost that this has been to the family of this young man.

So we are still working on this bill, and I think that is important for the American people to know, that we are continuing to work on this bill, to make it better every day so that when it comes to the House floor and we go to vote on this, we are going to be making such significant changes for this country, significant changes for these young people, who, as we know, 31 percent of them are uninsured, those in their twenties. We are going to be making significant changes for our seniors who are going to have their preventative services, for example, covered with no copay. We are going to be making significant changes for our small businesses, and as a small business owner, I know how important this reform is.

In Pennsylvania, my State, only 51 percent of our small businesses cover their employees with health care coverage, and that is because they can't afford it. As Representative POLIS said, it is not because they don't want to do it; it is because they can't afford the increased costs.

So I want to thank you for letting me join you tonight and talk about this very important issue that we are continuing to debate and move forward really for the future of this country. I am just proud to be down here right now and proud to be with all of you serving and making this happen here.

Ms. PINGREE of Maine. Thank you for adding your thoughts. Certainly those are themes that we hear about a lot. One is this important point that every single day in this Congress there are people working on one or another aspect of this bill, trying to put together all of the good ideas, trying to make sure that we come to some form of consensus over the variety of opinions.

But your mention of the issue of young people who don't have coverage is a story that we all hear about often, and many of us who had our own children in their twenties have known that tragic moment when they turn 23 or they end college and they are no longer covered by your plan. And, as you said, in today's job market, many young people don't have coverage or work for a company that doesn't find themselves in a position to cover them. So it is increasingly an important issue, and one I think the people are trying so hard to work on.

Also this issue that others have already brought up tonight, I am also a small business owner, and the cost of coverage—I heard a statistic in the State of Maine that the average cost of covering your employees is about equal to the profit you make in your small business. And that is lucky for some small businesses, if they can even make as much profit as they are paying out every year in employee coverage.

As you mentioned, it is important to make sure you cover your employees.

Many companies can't afford it, and often you lose employees to somewhere else where they can go to get that coverage. So you might have a great worker, and you may lose them if you don't find a way to keep them covered, which is getting near to impossible with the rising cost of insurance, as we have talked about many times.

□ 2100

And I often think about my own State. We're 38th in per capita income. The economy is struggling. Our unemployment rate is right up there with a lot of other States in this country, and we're just hoping that we can start to bring it down. But the fact is, if we could pass universal access to health care coverage, it would be the single biggest change to my State's economy and I certainly think this country's economy.

Mr. TONKO. Representative PINGREE, I think that obviously there is a lot of discussion and a lot of focus on the cost. I think across the country, 15 years ago 61 percent of our small businesses provided employer-based health care. That's somewhere below 38 percent now. We hear the average cost of a family plan might be 12,000, 13,000, sometimes rising to 14,000, and people have seen record profits in the industry.

We've seen and heard about the insensitivities here this evening anecdotally from various Members. You know, Representative DAHLKEMPER, Representative KILROY, and yourself have all talked about these information tidbits that come our way. But I think what really struck me this weekend was the report that was released by America's health insurance plans, where they actually worked out a study, a report, commissioned a report, and they overstated the impact of the Senate finance bill that was voted upon today to overstate the impact on America's families of that plan. That's one solution that's out there. And I found it interesting that the firm that they hired to do the study actually backed away from the report because they said they fragmented it so. They asked them to do just tidbits, portions of that whole bill and then use that to calculate the impact.

So it shows us, it tells us something that we're on to wringing the cost, the excess cost and the inefficiencies out of the system to the point where it's driving corporate greed to now respond in a way that's manufacturing these price tags that are, again, scare tactics to get us off of just and honest debate. And I think that that needs to be shared with the American public. The tax foundation came out with a plan, a review that said that our health care bill will save families, average working middle class families, \$1,900 per year.

Now, when they came up with this other study, when they fragmented it out, they didn't allow for the calculation of savings, corresponding savings

that are part of the overall huge package of reform. And so it was, again, disingenuous. It was unfair to put something like that out there. But it does tell me, in very bold and noble terms, that there's fear out there that finally there may be a balancing of the scales, where the public will get their shot at good health care insurance reform and not at the expense of greed that has been allowed to run rampant, I think, for a long time.

Ms. PINGREE of Maine. I just want to bring up one tidbit, and then I know that my colleague from Ohio has a couple of things to say. But when I first came to the floor tonight, I was talking a little bit about Anthem in our State which is actually owned by WellPoint. And I don't want to make any particular insurance company the villain, but often we're told, you know, why don't you just leave the system alone, yet day after day we hear about insurance companies that cancel your insurance and a variety of other things. And I had just been mentioning a case that's going on in the State of Maine.

Maine was asked by Anthem for an 18.5 percent rate increase, and the State said no, something about 11 percent might be more moderate, just trying to hold down the cost for small business and individuals. Well, Anthem immediately sued the State and said they needed that full amount to earn a reasonable profit. Of course, WellPoint last year earned \$2 billion and paid \$1 million in bonuses to many of their executives in our State.

So you've got the people in our State, 38th in per capita income, many of whom have recently lost their jobs, saying, Wait a minute. I can't afford this increase, yet I can't afford to be without health care coverage. And here's a company that earned \$2 billion last year telling me they can't live without making more in profit.

Well, this system just doesn't seem to make any sense to me. I mean, it's one thing when you're talking about making Rolls-Royces or fancy diamond rings. Maybe you deserve to make exorbitant profits, and we don't need to meddle in the economic system there. But this is about basic health care coverage for individuals, and that's really what we're charged here to do—make sure that everybody, whatever their condition, whatever their age, has that kind of health care coverage.

And I have to really hand it to our Attorney General, Janet Mills. She was on CNN the other day talking about how we're going to fight this. We're not going to take this, and, you know, that's not a position our State should have to be in. That's not a position individuals should have to be in, you know, just to get their basic health care coverage.

Ms. KILROY. Well, Representative PINGREE, I agree with you. And I think what you heard from Representative TONKO and what you've pointed to, but what Representative TONKO was talk-

ing about the public relations offensive that the health care insurance industry launched today is another example the kind of fear tactics that have been used all summer long regarding this health care debate. This is the latest example of it, that it's going to cost you more money somehow or other.

But we can hold down health care costs with this bill, and I think the best way to do that is to have a robust public option to get competition so the Anthems or the WellPoints or the UnitedHealthcares or whoever have something to compete against and that we, as consumers, have something that we can go to instead of one of the expensive health care plans that use these scare tactics, that raise rates, double-digit inflation year after year after year, while making the kind of profits that you were talking about, and yet millions of people in this country doing without basic medical care, medical needs. We need to stand up to that.

Mr. TONKO. And I think, Representative PINGREE, I think when we heard Representative KAGEN, Dr. KAGEN speaking about a standard, basic package that would be required if you want to participate in the exchange, how about, you know, the medical loss ratio that has dwindled over 15 years from 95 percent return of all premiums collected going back for health care purposes to now something below 85 percent, below 80 percent, perhaps. That is unacceptable.

So the standards that we establish, you know, having this medical loss ratio defined, if you want to participate, basic core package, if you want to participate, hey, this is open to any and all. Government sets up the exchange. It stays out of that. The public option will have to sustain its own entity by its premiums. It will have to maintain a reserve. That is not what I would call unfair competition. They're all going to be operating under the same guidelines. And when we sharpen that pencil by requiring a robust public option, it drives the bottom line benefit for the consumer.

We talk about small business and impacts and the future forecast and projections on insurance, today I think of some 430 billion that is the price tag paid by small business for health care provided by the employer. In 9 short years, absent nothing, that is supposed to go to \$880 billion. This is a train wreck waiting to happen. And when you hear the options, when you hear status quo is the option that we should exercise, when you hear let's keep the system but provide more tax benefits so that employers can afford this, how much more is government going to write in terms of checks to keep this system going that is sweeping upward in a curve? We're not containing the costs at all.

So this measure, to Representative KILROY's comment, is an important way to contain costs, to Representative DAHLKEMPER's statement of

wellness and prevention, by not allowing for copayments on those elements of the plan, that's an important bit of progress. And so I challenge anyone, come in here, talk facts not fiction. Come in here with sensitivity, not insensitivity, and let's really put this package together. It's a work in progress. It's been tremendous.

I'm seeing the benefits that the freshmen class has brought to this discussion. I think it's uncluttered thinking. We've brought the debate into, I think, a really good setting so that we can move forward by adding our voices to this effort, and it's really a pleasure to work with my freshmen class.

Ms. PINGREE of Maine. Well, thank you so much for being here. I know our hour is getting close to ending, and I appreciate your characterizing our thinking as uncluttered. I have to say sometimes at night, even the freshmen start to clutter up a little bit.

But I know, Representative DAHLKEMPER, you've done a lot of work around this wellness initiative, and that's something that I hear about really across the board from people who think that's a great way to hold down costs in health care. Many of the businesses in my State that have adopted wellness programs have really seen cost reductions, and I know you can speak to this.

Mrs. DAHLKEMPER. If the gentlelady would yield, I think that wellness and prevention is such a large component of this bill, and that is something I don't think we talk enough about. And really, as we look, people say to me, well, everyone can get health care in this country. They just go to the emergency room. Well, the emergency room is illness care. It's not health care. And what we're trying to do with this bill is actually go back to treating wellness and to treating health, not just treating illness, which is really what so many people in our country have to live with. They just wait until they're so sick they have to show up at the emergency room.

And just on that point, I just wanted to make one other comment about a subject that I don't even hear talked about that much. But the largest hospital in my district told me that they had budgeted \$30 million for charity care this year. It's going to be at least 50 million. There is no way that they can sustain this year after year after year. So that's just another piece to this entire issue that we don't talk about that often, but our providers are having trouble, along with our businesses and, certainly, along with individuals.

So we do have a great wellness piece. We've been working on putting more wellness pieces into this bill. Again, we're continuing to work on this. We're looking at grants to go to communities to bring stakeholders together, to bring government and schools and the providers and businesses to work on things such as childhood obesity, which we know is an epidemic in this country.

So there are still a lot of good things being worked on. This bill gets better and better by the day, and I believe we, again, are at a historic point here and we are going to be able to just provide stability and security to this country in terms of our health care. And, to me, we have to continue to sharpen our pencils, as Representative TONKO says, and continue to find ways to save with this bill and also to provide even better care for citizens of all ages.

Ms. PINGREE of Maine. Absolutely.

Representative KILROY, were you hoping to squeeze in a few last words?

Ms. KILROY. Well, I think this bill is an opportunity for us to make health care affordable for all Americans, including seniors who've been made to fear this bill. As Representative TONKO said earlier, helping them by closing the Medicare doughnut hole, helping them by eliminating copays for preventative services and testing and helping to make sure that there are lots of Medicare providers out there, because we are stabilizing the payment schedule for those providers.

This bill will help us by shifting the emphasis more onto prevention and wellness, the way Representative DAHLKEMPER talked about putting more emphasis on primary care and doing that by shifting the way some of the payments are set up so that primary care doctors are paid for what they do so well, for counseling, for listening, for taking that history and helping keeping us well and treating those concerns that we all have from time to time.

This bill will help us contain costs, help small and large business, help people who are without insurance and help people with insurance. And as Americans, this is an American plan. It's very important. It will continue to give us a choice of doctors and plans. So this is a huge achievement if we can get this bill passed. It is a great time to be in Congress, be a part of this wonderful discussion and deliberations and, I hope, eventually final passage of a bill that will do so much for so many people in our country.

Ms. PINGREE of Maine. Representative TONKO, any last words?

Mr. TONKO. Just a quick statement. I know we're running to the end of our hour.

Representative DAHLKEMPER talked about the concern at her local hospital. Across the board, hospitals are concerned, and uncompensated care is at somewhere between \$57 and \$58 billion a year. There's a savings immediately when we put together quality health care programs that are affordable, accessible, where we're providing universal health care. It's just a reasonable thing to do, and most importantly, it's the compassionate thing to do. Sometimes that gets lost in the discussion.

There's this moral compass for America that we need to engage and we obviously are very proud to support what is the correct thing to do, and we have

that responsibility here to enable all families in this country to have access and to be able to afford quality health care.

Thank you so much for bringing us together, Representative PINGREE.

Ms. PINGREE of Maine. Well, thank you to all my colleagues for being here tonight. You're absolutely right. We've talked about a variety of issues, and I want to just end on the same note that you did. This is what is right about being an American and what we're all proud to be working on, even if it takes a few long hours and a lot of tussling back and forth, but we're all grateful to be here and actually to have this opportunity.

□ 2115

RESTORING THE RULE OF LAW

The SPEAKER pro tempore (Mr. MAFFEE). Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. CARTER) is recognized for 60 minutes as the designee of the minority leader.

Mr. CARTER. Mr. Speaker, it's the first day of a new work week here, and we're going to talk about restoring the rule of law.

You know, we've talked about this now for about 14 weeks. It's so important that we talk about the rule of law because, quite frankly, it's what keeps our society together. It's what makes us different from anybody else and what makes America different from everybody else. And, you know, it's so simple that we take it for granted.

Every American that—I'll bet you can stop anybody on the street and ask them about their rights and they all know what their rights are because they're Americans and they know they have rights. But what does it mean to have rights? Well, what it means is you have a place, you have a set of rules that establishes your rights.

Now, our Constitution says certain rights are inalienable and given by your Creator. That means that all men are born with those rights. These are rights of liberty and freedom. When we had the Declaration of Independence from Great Britain, that's what we were talking about. You're born with these rights. These are the rights of free men everywhere. They are inalienable. They are given by the great Creator of the universe.

But everybody also knows I've got a right to free speech, I've got a right to assembly, I've got a right to a lawyer. And at all ages you can say, That's my right. That's my right. It is your right, but it becomes your right because it is enforceable, and that means that we have established a set of rules that our society operates under. And under those rules, there's a set of rules that's usually in the courts that enforce your rights, protect your rights.

You know, for 20 years I tried criminal cases and other cases, and we spend most of our time, at least the judges

that sit in these court cases, we spend our time making sure people's rights are protected. And we have a whole series of cases that establish rights of criminal cases. Enough of you have watched television to know a lot about—we're some of the most educated, nonlawyers in the country, the folks who watch television in the United States, because we know about Miranda rights. So we know about other rights. In other countries maybe they don't know about them. Now, why wouldn't they know about them? Because they don't have them, okay. That's it. They don't have them.

And there are places on this Earth, and most of them are in Third World countries, where the rule of law does not prevail, where the average citizen doesn't have a place to go get recourse, recourse for injury that's happened to them in some form or fashion, a way to enforce a contract.

There are countries full of good people, but they haven't established the rule of law to the extent that the average citizen can protect their little plot of land or protect their little business or make a deal with somebody, a contract, and then when the other side doesn't do it, enforce that contract against them because the rule of law does not prevail. For whatever reason, whether it be history or culture, whatever it is, it doesn't prevail.

And so if a rich person or a wealthy group of people who wanted to go invest in that place or maybe they have a dictatorial system or they have a socialist, communist system that hasn't established a rule of law, so you can't go enforce it.

You know, when Russia first opened up and started working on capitalism, I had a friend who went over there and opened a clothing store. And if he's listening, he knows who I am talking about. And he said the problem was the clothing store was as popular as it could be and everybody wanted to buy American-cut suits, they wanted to look like Americans, prosperous Americans, and he had a booming business; but unfortunately he had to pay cash for everything.

He couldn't make a contract with somebody based on a bill of lading or anything like that at the time because he wasn't sure he'd be able to enforce it if he had to take it to court. He was afraid he would be out on a limb. And, quite honestly, he pointed out the Russians were doing the very best to correct that, and maybe they have. I haven't kept up with it. But it was putting a real strain on his national clothing chain that he tried to take to Russia.

I hope he fixed it. I don't know. I haven't talked to him in years.

But the point is at the beginning of the establishment of capitalism in the former Soviet Union, in Russia, the rule of law had not come down to where you could feel comfortable with making contracts with people and believe they could be enforced. And hopefully that's been fixed. I would assume